FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPE	IOVAL
OMB Number:	3235-0076

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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Patriot 2008-A DK Hamilton No.1	SEC
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	Section
A. BASIC IDENTIFICATION DATA	MAY GRZOUS
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Patriot Production Associates LLC	Washington, DC ~ 101
Address of Executive Offices (Number and Street, City, State, Zip Code) 1120 W. Campbell Rd. Ste. 103, LB3, Richardson, Texas 75080	Telephone Number (Including Area Code) 972-671-2259
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	
Brief Description of Business	
Venture Manager	
Type of Business Organization    corporation	(please specify):
Month Year  Actual or Estimated Date of Incorporation or Organization: [O 9 O 4] Actual Est  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat  CN for Canada; FN for other foreign jurisdiction)	imated te: 08043596

## GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, tailure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	- 10 A	A. B	asie ideńti	FICATION DATA			
2. Enter the information requ	ested for the fol	owing:					
• Each promoter of the							
Each beneficial owner	r having the power	er to vote or disp	ose, or direct th	e vote or disposition	of, 10% or more o	f a class of equity	securities of the issuer.
Each executive office	er and director of	corporate issue	ers and of corpo	rate general and ma	naging partners of	f partnership issu	ers; and
<ul> <li>Each general and ma</li> </ul>	naging partner of	partnership iss	suers.				
Check Box(es) that Apply:	Promoter	Beneficia	al Owner 🗾	Executive Officer	Director	General Managi	and/or ng Partner
Full Name (Last name first, if Cunningham, Don	individual)	<u>.</u>					
Business or Residence Address 1120 W. Campbell Road,							
Check Box(es) that Apply:	Promoter	Beneficia	al Owner 🔲	Executive Officer	Director	General Managi	and/or ng Partner
Full Name (Last name first, if Allen, James C.	individual)			111111111111111111111111111111111111111			
Business or Residence Address 1120 W. Campbell Road, S	`	Street, City, Strichardson, Te	•				
Check Box(es) that Apply:	Promoter	Benefici	al Owner 🔲	Executive Officer	Director	General Managi	and/or ng Partner
Full Name (Last name first, if Patriot Oil & Gas, LLC	individual)						
Business or Residence Address	(Number and	Street, City, St	ate, Zip Code)				
1120 W. Campbell Road, S	Ste.103, LB3, R	ichardson, To	exas 75080				
Check Box(es) that Apply:	Promoter	Benefici	al Owner [	Executive Officer	Director	General Manag	and/or ng Partner
Full Name (Last name first, if Payne, Richard E.	individual)			***************************************			<del>,</del>
Business or Residence Address	(Number and	Street, City, St.	ate, Zip Code)	-			
2071 N. Collins, Ste 200, I	Richardson, Te	xas 75080					
Check Box(es) that Apply:	Promoter	Benefici	al Owner	Executive Officer	Director	General Managi	and/or ng Partner
Full Name (Last name first, if	individual)						<del> </del>
Business or Residence Address	(Number and	Street, City, St.	ate, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficia	al Owner 🔲	Executive Officer	Director	General Managi	and/or ing Partner
Full Name (Last name first, if	individual)						
Business or Residence Address	(Number and	Street, City, Sta	ate, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficia	al Owner	Executive Officer	Director	General Managi	and/or ing Partner
Full Name (Last name first, if	individual)						
Business or Residence Address	(Number and	Street, City, St	ate, Zip Code)				

	.,		. · · · · · · · · · · · · · · · · · · ·		B. IN	FORMATI	ON ABOU	r offerii	NG .		,		,
1.	Has the	issuer sold	, or does th			l, to non-ac						Yes <b>∑</b> ∙	No □
2.	What is	the minim	um investm									\$	750.00
_,	<ol> <li>What is the minimum investment that will be accepted from any individual?</li> <li>Does the offering permit joint ownership of a single unit?</li> </ol>												No
3.												X	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Fu	ll Name (	Last name	first, if indi	vidual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
			oker or Dea					1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2					
Sta			Listed Has										
	(Check	"All States	" or check	individual	States)				.,			☐ A1	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY W W	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	MI OH WV	GA MN OK WI	HI MS OR WY	MO PR
Fu	ll Name (	Last name	first, if indi	ividual)					·				
Bu	siness or	Residence	Address (?	Number an	d Street, C	City, State,	Zip Code)			<del></del>			
Na	me of As	sociated Br	oker or De	aler									
Sta			Listed Has										
	(Check	"All States	or check	individual	States)			***************************************		· · · · · · · · · · · · · · · · · · ·		☐ V	Il States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	Il Name (	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)					,	
Na	me of As	sociated Br	oker or De	aler					•				
Sta	ites in Wh	iich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			····			
	(Check	"All States	s" or check	individual	States)	***************************************		***************************************		*****************		Al	Il States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		s
	Equity		
	Equity Common Preferred		
	Convertible Securities (including warrants)	2	\$
	Partnership Interests	1.500.000.00	c 740,625.00
	Other (Specify VENTONE INTENEST)	1,500,000.00	c 740.625.00
	Total	D	3
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix. Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		s
	Regulation A		<b>\$</b>
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$ 74,062.50
	Other Expenses (identify)		\$ 37,031.25
	Total		\$ 111,093.75

	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C— proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		1,388,906.25 \$
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
		·	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	. 🗆 \$ <u>·</u>
	Purchase of real estate	[		<b>S</b>
	Purchase, rental or leasing and installation of mac	***************************************		
	Construction or leasing of plant buildings and fac			
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ue of securities involved in this		
	Repayment of indebtedness			
	Working capital			
	Other (specify):			
	Column Totals		S_0.00	\$0.00
	Total Payments Listed (column totals added)		□ \$ <u>_0</u>	.00
Г		D. FEDERAL SIGNATURE	,	
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this notice	ssion, upon writt	ute 505, the followin en request of its staf
Iss	uer (Print or Type)	Dig atti	Date	
P	ATRIOT PRODUCTION ASSOCIATES, LLC	1 1 7	<del>-5-2-</del> 08	
	me of Signer (Print or Type) N CUNNINGHAM	Title of Signer (Print or Type) MANAGER		

ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>K</b>

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

PATRIOT PRODUCTION ASSOCIATES, LLC

Name (Print or Type)

Date

5-2-08

Title (Print or Type)

DON CUNNINGHAM

MANAGER

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### APPENDIX " 5 4 3 ì 2 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate explanation of Type of investor and offering price to non-accredited waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors Amount Investors Amount Yes No State ΑL JOINT VENTURE 2 × \$131,250.00 ΑK X AZAR× JOINT VENTURE \$52,500.00 $\mathsf{C}\mathsf{A}$ × CO CT DE. DC \$26,250.00 1 FLJOINT VENTURE X GA HI ID ΙL ſΝ IA K\$ ΚY LA ME MD 2 \$105,000.00 × MA JOINT VENTURE ΜI MN MS

## 5 3 1 2 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell explanation of offering price Type of investor and to non-accredited waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors Amount Investors Amount No State Yes MO MTNE NVNH NJ JOINT VENTURE \$26,250.00 NM NY NC ND OН OK OR JOINT VENTURE × PΑ X 1 \$13,125.00 R! SC SD TN JOINT VENTURE 7 TX \$386,250.0 UT VT VAWA WV WI

APPENDIX :

				APPI	ENDIX				
1	Intend to sell to non-accredited investors in State		Type of security and aggregate offering price offered in state		4  Type of investor and amount purchased in State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
		I-Item 1)	(Part C-Item 1)		(Part C-Item 2)			4	-Item 1)
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No
WY					·				
PR			in the state of th						

